

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Lally DO, MMM, F

Mailing Address 5451 Walnut Ave

City
Chino

State
CA

Zip Code
91710-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chino Valley Medical Center

Occupation

President & Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 08 / 2014

Transaction ID : 37182386

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Duane D. Siberski DO

Mailing Address 42 Lori Ln

City

Mohnton

State

PA

Zip Code

19540-8317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2014

Transaction ID : 37182387

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Peter Alan Bell DO

Mailing Address 8608 Morris Rd

City

Hilliard

State

OH

Zip Code

43026-8485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 37182409

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00